SUBSTANCE ABUSE PREVENTION EDUCATION
A GUIDE FOR TEACHERS

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SUBSTANCE ABUSE PREVENTION EDUCATION
A GUIDE FOR TEACHERS

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Series Editor
Tanya Machado

INTERNATIONAL GROUP FOR RESEARCH ON DRUG ABUSE (GRITO)
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Foreword

It is well understood that alcohol and drug abuse are major problems affecting our nation. While factual information is becoming more easily available, practical solutions to alleviate and prevent these problems are still at the "uncertain stage".

Recognizing the gravity of the problem of substance abuse, the International Federation of Catholic Universities (IFCU), created within its organization the International Group for Research on Drug Abuse, (GRITO), which has undertaken research and action programmes in Latin America and Asia since 1992. In the first phase of the research work, a diagnostic study of the problem was done. On the basis of the results of the study, a number of workshops, symposia, awareness and training programmes were conducted for different groups of persons in order to train them to deal with the problem. Community services involved preventive education, detection and treatment of alcohol and drug abuse and empowerment of the communities to manage these problems.

In order to reduce the problem of alcohol and drug abuse in our country, the demand for alcohol and drugs has to decrease. As long as the demand for alcohol and drugs continue, any success achieved in the fight against these problems can only be temporary. Preventing these problems requires persistent efforts from many disciplines, services and the community, which have to work in spirit of collaboration, recognizing and respecting each others roles.

In order to help the different sections of the community to deal with the problem, the GRITO-IFCU has published a series of manuals to help work towards drug demand reduction. The purpose of these manuals is to provide a foundation for preventive and treatment programmes. These manuals offer guidelines and not answers. It is hoped that the information provided will help in giving leads to the total management of the problem in our country.

October, 1996

Tanya Machado
Series Editor

Preface

I have been actively working as a teacher with adolescents for a decade or so and have been very closely involved in helping them with their problems. I am sure that the teaching community will agree with me when I say that it is not easy to be a young person in today's world. Our children live in a consumer oriented society. The youngsters are torn between two sets of contradictory values and messages. The mass media, advertisements and the glamour of the entertainment world on the one hand and the school and home on the other, leaves them confused. Little wonder then, that our young people may choose behaviour which is dangerous, such as use of alcohol and drugs.

Though teachers may want to do something about the problems children face, very often they do not know how to go about it. This handbook is an attempt to help teachers to handle one such problem that children face; that of alcohol and drug use. This handbook attempts to provide information and pointers on how to initiate preventive alcohol and drug abuse education.

I take this opportunity to thank a few people, who have helped me in writing this publication. I sincerely thank and acknowledge the tremendous help I received from GRITO-IFCU organization and it's Scientific Director Dr. Tanya Machado.

I thank my husband Romuald Farias for his unstinting support, guidance and practical help given throughout the process. I thank Mr. Ramchandra and Ms.Bhagarthi for deciphering my handwriting and typing the manuscript.

October, 1996 **Phyllis Farias**

Contents

1. Introduction

Alcohol and drug abuse has become a serious threat to the health and well being of young people in India today. The threat is all the more serious as the drug users begin taking drugs at an early age, as adolescents or younger. This affects the normal maturing process and compounds the dangers posed to the user as an adult.

Alcohol and drug use is a school problem, because it impairs the students learning ability and academic performance. Students who use drugs are more likely to receive below average marks and are also more likely to drop out of school. Poor school performance and lack of interest in academic pursuits are also generally acknowledged to be influences in the initiation to drugs by adolescents. Alcohol and drug abuse can also disrupt the school atmosphere, as students who are alcohol or drug users are more likely to have behavioural problems. Further, they may bring into the school environment the illegal activities connected with drugs such as drug peddling and theft.

Since schools are concerned with the full development of the children, they must also be concerned with the use of drugs, both within and outside the school. Moreover, schools are the only institution in India that can consistently reach most young children who can be helped directly and effectively. Once children drop out of schools, it is difficult to reach them. As it is almost impossible to eliminate substances of abuse such as alcohol and drugs, it is very important that prevention is given the highest priority in dealing with the problem.

Studies suggest that prevention efforts are more effective if they are targeted towards prevention of initial experimentation with drugs. Prevention should promote constructive life styles that discourage alcohol and drug abuse. Information, values and skills conveyed in schools can have a major influence on the lives of the young people. Prevention education for substance abuse should inform young people about the problem, the causes and the consequences. It should also, help them to develop skills and values to act on their knowledge and communicate it to others.

There are many issues that need to be considered when planning alcohol and drug education programmes for the school system. For example, when should alcohol and drug education begin? What should be the content of such a course? What techniques should be employed to reach students at different developmental levels? Who should teach it? Should it be taught as a separate course or should it be integrated into the existing curriculum?

These issues will be looked at in the coming pages. An important issue is how to prepare teachers to handle the responsibility. Any educational programme that deals with students personal behaviour, attitudes and feelings depends on the competency of the teacher.

Teachers are generally prepared to impart information and are most often trained in using traditional methods. This is usually not questioned. But when a subject becomes more personal, for example, sex education or drug education, the teacher cannot just disseminate information. The teacher is being asked to influence behaviour. And if the school is sharing in the responsibility with the parents to influence behaviour, then this cannot be imparted through a temporary programme in response to a crisis. It has to be long range ***affective education***. Therefore it is necessary to adequately guide teachers. This manual is an attempt to do just that, to help teachers develop the competence to be an effective educator for preventive substance abuse education.

2. Who should be targeted for an alcohol and drug prevention programme ?

It is advisable to have prevention programmes for all children and youth, as any youth or child who starts to drink or use drugs is at risk for substance abuse. But in order to make efficient use of the limited resources, experts stress however, that youth who have a high risk for substance abuse should be targeted for prevention programmes.

In the study conducted by GRITO-IFCU, Bangalore, the following factors were found to be associated with substance abuse.

1. Age : The commonest age group of abusers is between 11 - 25 years. Adolescents are the most vulnerable group. At this age, their curiosity and thirst for adventure and new experiences leads them to experiment with alcohol and drugs.

2 Sex : Males are much more likely to abuse alcohol and drugs than females. It is important to remember that females are increasingly using and abusing alcohol and drugs, especially sleeping pills.

3. Family factors: Persons who are either single or are separated and divorced use drugs more often. Persons in nuclear families who don't have the support that joint families do, are also at risk. One of the main reasons for substance abuse is an underlying family pathology, such as neglect from parents, physical abuse, broken families, dominating parents and parents who also abuse drugs and alcohol.

4. Education: Drug abuse is a problem among both the educated and the uneducated. Formal education is not a defense against drug use, as peer pressure in schools often initiates children into this habit. Interestingly, many of the drug addicts interviewed were from rather elite English medium schools, which permitted greater exposure to western culture. A majority of them had taken drugs for the first time in schools and colleges. The schools and colleges appear to be a breeding ground for the drug habit. Surprisingly, most of the Principals and Teachers interviewed, denied that they had a problem with drugs in their schools and colleges.

5. Occupation: The students as a group, have the highest rate of abuse. The unemployed group and those with irregular jobs and daily wage earners are also other vulnerable groups.

6. Peer influence : The commonest reasons for initial use of substances are curiosity, peer pressure and experimentation. Peer influence is the most important reason for starting drugs. Individuals get their first "dose" of the drug from their friends and then are pressurized by their friends to continue.

Other studies have shown that children for high risk for substance abuse are: children with conduct disorders, children of alcoholics or other drug

users, children who are victims of physical, sexual or psychological abuse, who have dropped out of school, have experienced mental health problems, have experienced chronic school failures and come from high risk families.

The above findings and the other factors, makes it imperative that primary prevention education is taken up on a priority basis by the schools. However, an argument often put forward is that, the teachers are already overburdened, struggling to complete the syllabus and prepare students for the examinations. Besides preparing them for examinations, education should also prepare the youth to adapt to a rapidly changing future and help them handle their personal lives successfully.

3. The goals and objectives for preventive substance abuse education:

In planning a curriculum for preventive substance abuse education, education authorities in collaboration with teachers and counsellors should develop :

- a goal or goals.
- a series of objectives related to knowledge, attitudes and skills.

These objectives should be achievable and measurable.

3.1. Goals for preventive substance abuse education :

1. To disseminate information in such a manner that students can understand in personal terms, the social, ethical, medical and legal implications of substance use.

2. To develop in the students effective skills needed for healthy interpersonal relations, effective communication and responsible decision making.

3. To foster attitudes and values for promoting behaviour that is conducive to self respect and self esteem, social concern and a willingness to cooperate in activities for prevention of substance abuse.

3.2. Key considerations in reaching the goals :

To accomplish the goals, preventive substance abuse education will fall under two categories :

1. Topical or dissemination of information.
2. Dynamic education - i.e dealing with decision making.

There is an opinion that information giving may lead to curiosity and experimentation. Contrary to such beliefs, one can justify giving information on the following three counts:

a. Information on alcohol and drugs is freely available.

b. This is a subject which is on the minds of students.

c. This is an issue of great concern today. Therefore it should be given a place in the curriculum, just as topics like pollution, AIDS education, communal harmony etc., which are now a part of the school curriculum. But it should be remembered that prevention material for youth should not contain illustrations or dramatizations that could teach people ways to prepare, obtain or ingest illegal drugs. The information should be reliable which neither glamorizes nor exaggerates the dangers of alcohol and drug use.

The dynamic approach to drug education focusses on how a young person arrives at the decision to use or not to use drugs / alcohol. It requires an examination of the motivational forces and situations that lead students to seek this form of experience over others. It requires the imparting of a feeling for what substance use would mean in personal terms. "What would alcohol/drugs do to me ? What would alcohol / drugs do for me ?" This is the core of the entire effort. In the last analysis the choice of using or not using alcohol / drugs is in the hands of the student.

3.3. Objectives :

The function of education traditionally has been to prepare students with academic skills for the immediate present. But, a change is taking place and increasingly education is being called upon to prepare students to adapt to a changing world. Sex education, AIDS education, Population education are some of the new demands which are being placed on the

educational system. The objective is not to give information to help people converse intelligently on the subject, but to help people to handle their personal lives successfully by responsible decision making.

If substance use prevention education is to help achieve this objective, then the programmes must be made relevant to the needs of the students. What does a student need to know for responsible behaviour towards alcohol and drug use, to avoid relying on alcohol and drugs to solve problems and to live with people who have an alcohol/drug problem?

A student needs to

- Have information and knowledge about alcohol/drugs including medicines, why they are used and who should or should not administer them.
- Recognize the drugs one is likely to encounter or use.
- Understand the function of these drugs/alcohol, the effects and the possible consequences of misuse or abuse.
- Learn to evaluate different sources of information on alcohol and drugs for example, advertisements.
- Know the right places to go for additional information.
- Know the places /persons where one could get help for a personal adjustment problem.
- Know the laws governing alcohol /drug using behaviour.
- Know school policy governing smoking, drinking and drug using behaviour.
- Learn to respect others who do not use alcohol or drugs without ridiculing or pressurizing them.
- Develop empathy for people with an alcohol / drug abuse problem.
- Recognize one's own value positions on alcohol / drug issues.
- Understand the consequences of holding these value positions and recognize possible inconsistencies.
- Make decisions about one's own alcohol/drug using behaviour.
- Learn alternative strategies to alcohol / drugs as a means of handling personal problems.
- Accept responsibility for one's own decisions.

A reading of the above 'student needs,' makes it obvious that it is heavily targeted in favour of the majority population who will never become substance users. While this is as it should be and is reasonable, one will have to consider the small minority group who are at risk and will become involved in substance use / abuse. This will obviously need more specialized training for teachers as counsellors.

4. The context of substance use education

The context chosen for substance use education will provide a framework for, and will facilitate decisions about its content, the methodology used for teaching and who is to teach the programme.

The following questions need to be answered :

- Should alcohol / drug education be a separate subject area, in addition to the subjects already existing within the school system?
- Should it be placed within other health related subject areas in the curriculum ?
- Should it be integrated with other subjects ?

A large number of schools, realizing that there is a problem have included drug education in their value education programmes. However, most often there are no clear notions of what they want to accomplish and consequently there are no means to evaluate the effectiveness of these programmes.

Some schools have decided that the main goal is to prevent the beginning of an alcohol / drug problem or to eliminate the use in the institution. This seems to be a desirable aim. But, frequently such programmes incorporate 'fear arousal messages' that lack credibility. Evaluation of the effectiveness of this approach has consistently shown almost no positive results. In many cases, evaluation showed negative results. That is, they tended to encourage rather than discourage experimentation. It is quite possible that a sensational programme can cause an increase as the student's reaction is to show the establishment how wrong it is.

Schools, often suspend classes for a day or two for a specialized workshop/ seminar on substance use - usually the message being "Why it is dangerous to use drugs" approach. This approach is likely to make many teenagers feel that if classes can be suspended for a day or two to talk about drugs, then it is worth trying out.

To go back to the first three questions, the best substance use education programme is not when it is a "crash programme" treated as a separate entity. Alcohol / drug education has been found to be more effective if it is put in the broader context of health education and social education programmes which assist the students in seeing harmful drug use as one form of ill health. The best approach however is when drug education programmes are integrated into the ongoing curriculum. Information on alcohol / drugs should be integrated with subjects like science, chemistry, biology, social studies, physical education, value education etc. It could also be covered in any other appropriate subject area or across a number of subject areas.

The following points should be kept in mind :

- The maximum opportunity for reinforcement is afforded by a programme integrated within a number of subject areas. However this needs coordination between teachers handling different subjects, else it may result in areas being left out - each teacher may assume that these areas are the responsibility of someone else.
- The education, though integrated with other subjects, must accommodate the goals, objectives and teaching content of the programme.

A review of the approaches used over the years and in many countries indicates that substance use education is most effective, not only when integrated into the curriculum, but also when students are taught skills to resist social pressures which may come from the peers or the media.

These skills would also give students the opportunity to develop self esteem, communication and decision making skills. Such an education programme goes beyond substance use prevention education and encompasses the entire life of the child.

5. When should alcohol / drug prevention education begin ?

It is important and essential that by the end of schooling, all students should have received the best possible education on alcohol/drug use/ abuse prevention. This education should be appropriate to the psychosocial development of the students. Preventive education should be provided before the students reach the age at which risk behaviour is likely to occur, i.e., preadolescence. All classes need to be targeted because knowledge, skills and attitudes are best acquired over time and need to be reinforced often. It would do well however, to consider the following schools of thought.

There are two schools of thought regarding the age at which preventive education should begin.

1. Patterns of alcohol/drug use vary according to the school's geographical location and the social class of the students. Many writers therefore suggest that preventive education must be tailored to each school's student population.

2. Other literature on this critical factor of age suggest that preventive education must begin early. i.e. as early as kindergarten classes.

a. Effective preventive education is cumulative and therefore should start early.

b. Till the age of 10 or 11 years, teachers/parents are able to compete on an equal basis with other influences on the lives of the children and make an effort to contribute towards the development of attitudes and values. Once the student is an adolescent, teachers/parents have to compete with the peer group and media which are very strong influences.

There are a few other factors too, that should be taken into consideration before choosing the target group.

- The occurrence of risk behaviour within the school population.
- The number of school children who attend school at each level.

In our country where children leave school early, one must design a programme that will reach the greatest number of young people, even of it means targeting younger students.

- The cultural, philosophical values of the community that relate to the age at which such education may be given.
- The readiness of students for such education.
- The extent to which substance use education is accepted by students and parents.
- The extent to which the educationa! system chooses to emphasize preventive substance use education or to integrate it into the child's schooling.

When analyzing these factors, education authorities should also consider the appropriateness of target groups in other educational areas. The information available indicates that the most appropriate time for education on drugs, sexuality etc. is prior to the onset of risk behaviour, this could be right from the beginning of the school years. It is important that each school should see itself as part of a network providing preventive education for alcohol/drug use.

6. WHO TEACHES ?

The decision on who will teach the prevention education, will influence the impact of the programme.

The obvious choices are :
- teachers within the school system
- outside experts
- both teachers and outside experts
- peers of the students
- combination of all of the above

Experts agree that the school's regular teachers, rather than outside experts should have the major responsibility for teaching the programme. A teacher can relate to the students in several ways because of a sustained relationship and therefore this is an obvious choice.

There is a difference of opinion however, about which teachers from the teaching community should handle drug and alcohol education. Some are of the opinion that it should be the health education teacher or teachers from different academic backgrounds.

But, should academic background be the sole criteria for deciding which teachers should teach about drugs / alcohol. A few authorities stress other teacher attributes, for example, teachers who are approachable, teachers to whom students can talk freely about their problems.

The issue of selection, however becomes complicated as the subject itself is vast. It is difficult for teachers to keep abreast of the information. Thus experts, persons who have a special knowledge about the medical, legal, social and psychological aspects of alcohol / drug use, will have to play a part in the preventive programmes. These experts are important resource persons who can raise teachers knowledge to a level where they inturn will be able to instruct students. Seminars, workshops, in-service training programmes are important mechanisms whereby teachers may update their knowledge and skills.

6.1. Should experts be used in the classroom :

Authorities believe that the current practice of bringing in outside experts or professionals is not always desirable:

- it produces an unhealthy degree of sensationalism
- it does not provide the continuity and depth that an ongoing programme in the curriculum can offer
- research indicates that students do not treat all experts as credible sources of information
- it is difficult to rely on outside experts for a long term programme

Keeping all the above points in mind, experts may be used selectively, but the responsibility for conducting the programme must rest with the teachers of the school.

6.2. What role should the student group play ?

Students, very often know more than the teachers about alcohol /drugs and therefore could be used to disseminate knowledge in a preventive education programme. This approach has value, in that it can help to bridge the gap in communication that can exist between adolescents and

adults. It provides opportunities for the student to assume responsibility. Further, it makes use of a positive peer influence in preventive education.

6.3. *What are the attributes required by a teacher / presenter to be effective :*

6.3.1. Knowledge :

a. Knowledge and understanding of human growth and development. This will help prescribe what to teach, when and how to teach.
b. Knowledge and understanding of alcohol / drugs; their effects and consequences.
c. Knowledge and understanding of basic uses and abuses of drugs.
d. Current issues governing alcohol / drug use.
e. Current policies and trends in alcohol / drug use and abuse.
f. Information regarding centres of alcohol and drug abuse treatment and management.

6.3.2. Skills :

a. Skills in recognizing and identifying children from high risk environments.
b. Skill in encouraging and working with student's concerns about alcohol / drug issues.
c. Skill in conducting value clarification classes.
d. Skills in working with students with problems (counselling).
e. Skill in planning an educational programme for prevention of substance abuse.

6.3.3. Values and Attitudes

To be effective and competent, teachers should have knowledge of the subject matter, skills and a sound value system. The values and attitudes of the teacher will play a part in determining how knowledge and skills are used. The teacher's attitudes towards his/her students and towards his/her profession will influence the knowledge and skill area he/she considers important and worthy of developing.

The following values and attitudes are considered important for a teacher in alcohol and drug education.

1. A teacher should be a facilitator of learning. The teacher is not just an imparter of knowledge. The teacher must have the conviction that he/she is a facilitator of and allow students an active role in classroom discussions and in the designing of learning experiences. They should also be open to the idea of using feedback from students to modify his/her own teaching and interaction with the students.

2. Conviction of the worth and dignity of students:
The teacher should recognize the students as persons, worthy of respect, love and understanding. From this conviction, a teacher will be able

- to give students responsibility for personal decisions
- avoid labelling of students
- appreciate something of value in every student.

3. Respect for the integrity of the human body.
The teacher's role model will discourage the students from using alcohol/drugs.

4. Attitude that substance use is an important issue to be taken up for classroom discussion.

5. A conviction that drug/alcohol education should encourage alternatives, to drug/alcohol use. The teacher should help students discover alternatives which compete with alcohol/drugs.

6. Care enough to equip oneself with the appropriate knowledge and skills to help students handle their problems of rejection, anxiety, low self esteem etc.,

7. Content of a preventive substance abuse education programme:

The context of the teaching on alcohol/drugs will influence the content of the programme. Assessment of the needs of the students is an essential component in establishing a broad direction for content. As with the objectives, the content must encompass knowledge, skills and values.

For better organization and planning, student needs and content will be described under four levels between the ages of 5 - 18 years. These four developmental levels are only for convenience.

7.1. Level 1: Ages 5 to 8 years :

At this age, children are beginning to be exposed to the world outside home. The primary developmental task is learning to mix with others socially and cooperatively. The child is beginning to be independent from the family and therefore is learning to function without direct supervision. The child is concerned with feelings about self, his/her skills and getting along with others. This is also the time when the child is beginning to develop a self concept. Thinking tends to be very literal and concrete. The child is curious and explores through hands on experience. The teaching strategy for this age group therefore has to be structured.

7.1.2. Knowledge:

Health education for this age group stresses on the positive benefits of being healthy and safety habits.

By the end of the 3rd standard, through on integrated curriculum, children should

- Know what drugs are, with reference to alcohol and tobacco.
- Know the differences among foods, poisons, medicines and illicit drugs.
- Understand that medicines when prescribed by a doctor and administered by a parent/responsible adult help when ill, but medicines are drugs and can be harmful when taken without supervision.
- Know that people can become addicted to tobacco, alcohol, but that there are methods to help them.
- Know and eat nutritional food and follow good exercise habits.
- Know that parents and the child are responsible for his/her good health and well being.

7.1.3. Skills:

- Learning to read labels, signs and instructions as part of language skills.
- Science lessons that teach children to observe, identify, clarify and communicate through materials and projects on foods, dangerous substances, poisons, medicines.
- Communication skills, being able to communicate with parents / adults any information.
- Gathering information on relevant topics for example, safety hazards.
- Discussion and homework assignments on rules/laws as part of social studies.

7.1.4. Values:

At this age children should begin to develop a sense of responsibility towards themselves and others. They should also be able to develop responsibility to tell adults if something is wrong. By the end of the 3rd standard, the integrated curriculum should contain the following lessons on values :-

- that each individual is unique and precious, valued by everyone who cares
- to care and develop responsibility for oneself by eating correctly and exercising
- developing a sense of responsibility towards others - younger children / siblings
- understanding why somethings are wrong - learning to say 'no' to things that one has been taught are wrong
- knowing to avoid strangers
- knowing ones responsibility to tell appropriate adults about strangers, about unknown things or substances, about problems
- learning that rules / laws are important to follow and that life would be difficult if one did not follow them.

7.2. Level 2: Ages 9 TO 11:

Students in this developmental level are becoming aware of the growing responsibility for their own behaviour and decision making. On the other hand, they are learning about the sharing of self with others with all its consequent joys and problems, be it social mixing, or dealing with disapproval and rejections particularly by parents and peers.

At this level, other sources of information, i.e., peers, mass media, older siblings begin to compete with parents / teachers as the sole authority. Very often there is a dichotomy in messages received. Television advertising encourages drinking alcohol, while parents discourage it. The child goes through the process of finding answers to these type of questions.

To help make the right decisions, children of this age group need more information and more complex ways of examining the subject matter.

7.2.1. Knowledge

The themes taken up in the lower grades should be continued in more detail - i.e., health, safety and responsibility in an integrated curriculum.
- Parts of the body - how alcohol / drugs affect different parts of the body, why are alcohol/ drugs especially dangerous for growing bodies and developing minds.
- Identification and classification of specific drugs such as alcohol, tobacco, cannabis, inhalants, stimulants, depressants etc.
- The effects and consequences of substance use specially on the person using/abusing and on the family members.
- How and why the effects of drugs may vary from person to person.
- Illegal drugs and respect for laws/rules
- The social influences that promote alcohol/drug use and what they are, media advertising, peer pressures, family, pushers etc.
- Specific people and institutions that are available to help people to resist negative influences and to help those in trouble.
- How to contact them.

7.2.2. Skills:

Along with the academic skills, it is important that children should

- Take care of their bodies through correct eating and exercising.
- Children should learn skills for personal safety - not to talk to and take eatables from strangers.
- Learn skills to withstand peer pressure
- Develop communication and problem solving skills.
- Develop the ability to clarify confusing messages from the media.

7.2.3. Values:

As the child's world is expanding with more friends and more experiences, these children need to be able to deal with increased temptations and pressures. By the end of class 6 or 7, children should have received the following lessons:-

- breaking rules and laws (not only substance abuse), can have serious consequences.
- respect for self and others - developing a good self image
- how to recognize and respond to social influences and pressures to use alcohol/tobacco or other drugs.
- to care enough for oneself and others to get help as soon as possible when the substance use/abuse problem is detected.
- to develop a strong sense of mutual responsibility among the members of the school community.

7.3. Level 3: Ages 12 TO 14:

A student at this level exists somewhere between being a child and becoming an adult. The child fights for independence and yet is often insecure in the independence. There is a very strong and natural desire for peer acceptance and peer group identification and yet they do not want to be controlled by the group. He/she verbally asserts individuality but conforms to peer demands of dress, language and behaviour.

Some of their concerns are; what should I do, if I don't want to do what the group wants? How can I say no and still be friends? Are some of my parents' fears relevant?

This is also the age when the adolescent becomes impatient with parental/ adult authority. School policies seem oppressive. At the same time, the student is becoming aware of the opposite sex and is learning to relate to them. This requires very complex social skills. A socially competent self image is critical to the adolescent.

7.3.1. Knowledge:

Subject areas are sharply divided in high school. Teachers will have to be creative in including preventive alcohol/drug education into the subject areas. It will also need a close cooperation among the teachers.

Students of this age group need to know how to deal with the very real pressures they may encounter to use tobacco, alcohol and other drugs.

- Knowledge of the characteristics and chemical properties of drugs.
- Knowledge of the effects of drugs on adolescent development and an understanding of the effects of drugs/alcohol on the circulatory, digestive, nervous, respiratory and reproductive systems.
- As children tend to be present-oriented and are likely not to be affected by long term effects of drugs, they should also be given an awareness of the short term effects of alcohol/drugs use such as impact on alertness, judgement, coordination etc., which in turn affects activities like driving and sports.
- The progressive effects of drugs on the body and the mind and the unpredictability of the effects on persons..
- Knowledge of the ways drugs are pushed. What the society has done to fight the problem.
- Knowledge of the laws/rules regarding alcohol/drug use.
- An understanding of media pressures and advertising.
- Knowledge of people and institutions one can go to in times of need.

7.3.2. Skills:

- Social skills - the ability to move around and be comfortable in any setting and situation.
- Ability to interact comfortably with the opposite sex.
- Communication skills
- Interpersonal skills
- Decision making abilities
- Peer pressure reversal techniques
- Understanding media - being analytical about the methodology used to enhance impact.

7.3.3. Values:

- Adolescents should understand that greater freedom means greater accountability for their own actions.
- Responsible behaviour for self and others
- Respect for laws/rules - of the country, state and school.
- An awareness to maintain an alcohol/drug free environment.
- A developing sense of self worth and appreciation of the positive aspects of growing up and therefore saying 'no' to things that are wrong.

7.4. Level 4: Ages 15 TO 18 Years:

At this stage the student is keen to accept adulthood, and the society expects him/her to assume adult responsibilities. Students now begin to think about and struggle with the inconsistencies seen in society. They start to question many of the values and consider changes they would like to see in the world around them. They are willing to challenge existing controls which they consider to be unreasonable. They begin to think of what they want to do with their lives, their occupational and vocational goals. They try to establish themselves in the world and therefore any preventive education should carry over into their lives outside class as well.

7.4.1. Knowledge:

By class 12, students should have had a complete scientific and civic introduction to the alcohol and drug problem.

All knowledge levels done earlier, will be continued at a deeper and more sophisticated level. This would include :-

- Long and short term effects of substance use, including addiction, illness and death.
- Understanding the effects of alcohol/drugs not only on self, but on the foetus during pregnancy and the infant during lactation.
- Understanding the relationship of drug use with other related diseases like AIDS, birth defects, heart, lung and liver diseases.
- Knowing the fatal effects of combining drugs.
- Knowing the consequences of handling equipment while under the influence of alcohol/drugs
- Knowing about treatment, intervention and rehabilitation services.

Prevention lessons can be integrated with any subject at this level whether science, social studies or physical education.
For eg:-

- Physical education - use of steroids to enhance stamina.
- English - can discuss media education, media pressures, advertising techniques.
- Maths - Statistics to teach a realistic appreciation for the risk of long term damage due to drug use.

7.4.2. Skills:

All those listed for earlier levels and also to develop skills to be peer leaders by making presentations to other classes. Peer leadership has been found to be effective in motivating students against alcohol/drug use specially with those at risk.

7.4.3. Values:

All the values discussed for earlier levels and,

- The students' feelings about themselves and their worth, how do these feelings affect how they make decisions, communicate and behave towards thers.
- The students' attitudes towards others who are addicted to alcohol/ drugs. How would the students feel if a friend was addicted?
- How can students counteract unsafe behaviour?
- How can they strengthen and promote safe behaviour?

Teachers must recognize that influencing behaviour is complex and demanding. Learning from preventive education initiatives in other areas for example, AIDS education, it would be right to give emphasis to the development of self esteem, communication and decision making skills.

8. Teaching strategies for preventive substance use education:

Teachers or experts presenting the programme require a variety of teaching strategies and resources. The teaching style will range from the didactic to the participatory.

Communicating scientific, medical information may require didactic educational methods, whereas influencing attitudes and behaviour may require a participatory approach. There should be a balance between these approaches.

The didactic style involves the presentation of accurate information in a clear, concise and systematic style.

The participatory style encourages communication and interaction and is oriented towards problem solving.

The choice of approach will depend on :-

- the goals of the programme
- the age and level of the students
- the needs of the students
- applicable to the lives of the students.

8.1. Teaching Strategies:

1. Small group discussions
2. Large group discussions
3. Dramatization and role plays.
4. Case studies
5. Value clarification strategies - these strategies are to help students to discover what values they prize, cherish and act on,.encourages the analysis of one's own values while respecting the values of others.
6. Moral dilemma - this is a strategy where students are encouraged to complete a story for a character or for themselves.
7. Brainstorming
8. Reflection
9. Debates
10. Poster making
11. Collage making
12. Play writing / reading
13. Songs - Music
14. Quizzes
15. Panel discussions
16. Viewing films / slides etc.
17. Worksheets - for students to fill up.

9. Planning the evaluation of a preventive substance use education programme :

Evaluation of a prevention substance use educational programme should be concerned with the progress of the programme and its outcome. It should provide a view of how the programme is being implemented and whether the goals and objectives are being met.

Why Evaluate :

1. To know whether the goals and objectives are being met and thus improve the educational efforts.
2. To demonstrate the degree to which students are acquiring knowledge, skills, attitudes / values.

3. To demonstrate the extent to which young people currently practice behaviour that helps them to keep away from substance use.
4. To determine which programme and programme components are most successful, thus assessing the quality of the programme.
5. To assess the effectiveness of teachers who are conducting the programmes.
6. To satisfy the school authorities and parents that the programme is effective.
7. To ascertain the extent to which the programme fulfills the needs of students and concerns of the teachers.
8. To ascertain whether the approach of integrating preventive substance abuse education with other subjects is working out.

9.1. How To Evaluate:

To improve the programme, evaluators need to determine pre-programme levels of knowledge, beliefs and behaviour among students and then determine the impact of the programme with a post-test. The results then should be collated for reassessment of the programme.

Evaluation strategies should make use of written tests, in-depth interviews, focus group interviews and other objective indicators.

Process evaluation should answer a few questions :

- Is the curriculum being implemented faithfully and on schedule?
- Is the staff training adequate and practical ?
- Is the curriculum meeting students needs ?
- Are materials available to teachers and students ?

Formal methods can be combined with informal discussion sessions in which evaluators meet with the students, teachers and other interested community members to discuss the progress and outcome of the programme.

The focus so far has been on how to structure the alcohol and drug abuse prevention education programme and the role of the teachers in such programmes. Knowledge and skill areas which will be of help to the teachers to conduct such programmes are included in the appendices.

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Appendix I

Glossary

Addict : Is one whose drinking/drug taking behaviour causes problems in one or more areas of his life (eg., family relationships, job, financial status).

Alcohol : Medically, it's a depressant drug that slows the brain's ability to think and to make decisions and judgements.

Alcoholic : Refers to a person, who has lost control over his drinking.

Alcoholism : Is a disease characterized by a physical and psychological dependence on alcohol.

Psychological dependence : Describes the behavioural aspects of drug dependence.

Physical dependence : It refers to the tolerance which develops to the effects of drug use and the adaptive state which manifests itself by intense physical disturbance when administration of the drug in use is suspended.

Drug: It refers to any chemical or substance that changes the mental state and that may be used repeatedly for the same effect. "Drug" now includes alcohol, tobacco, psychoactive pharmaceuticals, illicit drugs and even substances such as petrol, glues etc., which can be abused. They tend to be used in a manner that deviates from approved medical or social patterns.

Experimental use: It refers to trying out the drug to experience its effect and to decide whether or not to adopt an ongoing pattern of use.

Social and recreational use: Using the drug as a means of enhancing social interaction or the enjoyment of some leisure activity.

Drug abuse: Persistent or sporadic excessive use, inconsistent with or unrelated to acceptable medical practice.

Drug dependence: The term that replaces 'addiction' and covers the spectrum of behaviour ranging from simple physical dependence to the complete disintegration of personal and social functioning (eg: end stage alcoholics and drug users). It's extent is determined by a range of factors such as amount, frequency of use, tolerance, withdrawal, inability to abstain, degree of physical, personal and social damage.

Craving: Craving is the desire to get (more of) the drug and it differs between drugs and between individuals. For example, an alcoholic will spend more and more time thinking about and engaging in drinking, and this leads to a progressive reduction in participation in work and family activities.

Tolerance: This is the state in which the drug's actions diminish on repeated administration or, in other words, to get the desired effect, more and more quantity of drug is necessary. Tolerance often develops at different rates for different drugs.

Intoxication: Refers to the intake of a quantity of a substance or a chemical which exceeds the individual's tolerance and produces behavioural or physical abnormalities.

Overdose: Refers to the state that occurs when a person has ingested a drug quantity higher than the recommended therapeutic dose and that also exceeds his or her tolerance.

Detoxification : A supervised medicated or unmedicated withdrawal from alcohol or a drug so that the severity of withdrawal or rebound symptoms and medical complications are reduced to a minimum.

Withdrawal: Withdrawal is signified by signs and symptoms that occur when a drug is stopped, reduced or an antagonist is given. It is invariably unpleasant and is a common reason for re-use of a drug.

APPENDIX II - REFERENCE LIST OF COMMONLY ABUSED DRUGS

Category	Drugs	Method of Use	Possible Effects	Hazards of Use
Narcotics A drug that dulls the senses, relieves pain and produces sleep. Narcotics are the most efective agents known for the relief of pain	Opium Morphine Codeine Heroin Methadone	oral, smoked oral, smoked, injected oral, injected injected, smoked, snorted oral, injected	euphoria, drowsiness, respiratory depression, constricted pupils, nausea, relaxation	physical addiction with severe withdrawal symptoms, like panic, tremors, weight loss, chills, sweating, slow , shallow breathing, clammy skin, convulsions, coma, possible death.
Depressants A drug that tends to depress the central nervous system	Barbiturates Methaqualone Benzodiazepines (tranquilizers) Alcohol	oral, injected oral, injected oral, injected oral	drunken behaviour without odor or alcohol, (pill abuse) slurred speech, relaxation, loss of inhibitions	shallow respiration, cold and clammy skin, dilated pupils, weak and rapid pulse beat, heart and liver damage, motor skills impaired, loss of muscle coordination
Stimulants A drug that tends to distort the perception of reality.	Cocaine Amphetamines Caffeine Nicotine	snorted, oral, smoked, injected, oral, injected oral smoked	increased alertness, excitation, euphoria, increase in pulse, blood pressure, insomnia, appetite loss, promotes self confidence, power and exhilaration followed by extreme crash or depression, causes lung damage and heart attacks	agitation, increase in body temperature, pulse rate and blood pressure, hallucinations, convulsions, damage to nasal passages

Category	Drugs	Method of Use	Possible Effects	Hazards of Use
Hallucinogens A drug that tends to distort the perceptions of reality	LSD Mescaline and Peyote Phencyclidine	oral oral, injected smoked, oral, injected	illusions and hallucinations, poor perception of time and distance, confusion, paranoia	longer, more intense trip episodes, psychosis, anxiety, depression, impaired memory and perception, breaks from realtiy, flashbacks.
Cannabis Marijuana is the popular name for the cannabis sativa plant and for the drug prepared from the dried leaves, stems and flowers of the plant.	Marijuana (Ganja) Tetrahydrocannabinol Hashish Hashish, Oil	smoked, oral smoked, oral smoked, oral smoked, oral	euphoria, relaxes inhibitions, increased appetite, disoriented behaviour, increased heart rate, reddening of the eyes.	fatigue, paranoia, loss of concentration and memory, lack of interest in sustained activity, psychological dependence, possible damage to brain, lungs, heart and reproductive system.
Inhalants A diverse group of chemicals that produce mind-altering vapours	Nitrous Oxide Butyl nitrate Amyl nitrate Chlorohydrocarbons Hydrocarbons	inhaled inhaled inhaled inhaled inhaled	excitement, euphoria, loss of inhibitions, drowsiness, impaired vision and memory, abusive and violent behaviour	loss of memory, confusion, erratic heart beat and pulse rate, possible lung, kidney and brain damage.

Appendix 3

How to identify a student who is on drugs ?

A student who is on drugs is likely to be secretive about the habit and hide it from adults. If teachers have doubts, they can look for some tell tale signs

* sudden unexplained changes in mood and behaviour
* loss of appetite
* loss of interest in regular activities and hobbies
* significant drop in school grades
* sloppiness or carelessness about appearance
* weight loss
* lowering of energy and drive
* absenteeism from school/college
* slurred speech, confused thinking
* poor short term memory
* lying, cheating, stealing
* preference for solitude
* presence of needless, strange looking articles, packets etc.

There are many other conditions where one or more of the above symptoms may be present. But when one notices unusual changes in the student's behaviour, then one should think of drugs as being one of the possible causes.

Appendix 4

How are substance abuse cases managed ?

Teachers may want to acquaint themselves with the broad outline of management programmes available for substance abusers. Awareness, early recognition, treatment and demand reduction are essential aspects of management. Most professionals dealing with such cases, use a combination of approaches. The main goal is to maintain a stable drug/ alcohol free lifestyle, reduce the demand for drugs and minimize the harm caused by them. A comprehensive approach would ideally involve the following aspects.

Medical Treatment: It involves examination and investigations for known complications with alcohol and drugs, management of overdose complications, detoxification and treatment of psychological complications such as anxiety, depression and other symptoms. .

Psychological approach: It involves individual counselling for identification of conflicts and therapy for conflict resolution.

Social approach: It involves family and individual group therapy to improve participation in treatment, to help them to discuss life's stresses, share experiences, examine life styles and coping styles. Involvement of the family members in the treatment and rehabilitation of the person in important.

Spiritual approach: It involves giving support by the religious or the spiritual community. Groups such as Alcoholics Anonymous and Narcotic Anonymous have a strong spiritual base which many people find helpful.

Political approach: It involves creating greater awareness regarding issues such as sales, restrictive measures, legislative procedures etc., related to alcohol and drugs.

Appendix 5

Value Clarification Process

Value clarification is a methodology or a process by which we help persons to discover through their behaviour, feelings and ideas, what important choices they have made, that they are continually acting upon, in and through their lives.

Unlike other theoretical approaches, this is not concerned about the content of peoples' values but the process of valuing.The process of value clarification has seven criteria divided into three categories (Raths et al., 1990).

1. **Choosing**
   - To choose freely, without any form of pressure.
   - To choose from alternatives. There is no choice, if there are no alternatives.
   - Choosing after considering the consequences. An intelligent choice can be made only after understanding the consequences.
2. **Prizing**
   - Cherishing and being happy with the choice. Values flow from choices that we are glad to make.
   - Willing to affirm the choice publicly when appropriate. Valuing means standing up for what we believe in.
3. **Acting**
   - Actually doing something with the choice, to act on one's beliefs, goals and ideals.
   - Acting with a pattern, repetition and consistency. Valuing involves acting repeatedly, incorporating the behaviour into ones life pattern.

The advantage of this process is that it does not aim at instilling any particular set of values. Rather the goal is to help students utilize the seven processes of valuing in their lives.This process can be utilized for any learning experience and with any subject matter.

Appendix 6

Peer Pressure Reversal Techniques

Activity - 1 : Highlights the characteristics of peer pressure.

Groups of 6 to8 students. Role Play : 15 minutes planning and practice.

1. 1 or 2 groups, will role play a situation where there is negative peer pressure but the person being pressurized withstands the pressure.
2. 1 or 2 groups, will role play a situation where there is negative peer pressure and the person being pressurized gives into the pressure.

Discussion , following the role play:

1. What did you observe and notice ?
2. What did the person being pressurized feel ?

Facilitator writes down points on the board and discusses .

1. The characteristics of peer pressure.
2. Reasons why one gives into peer pressure :
   - cannot take the humiliation.
   - just give in to stop the pressurizing.
   - unable to say "no".
   - want to fit in with the group - to be popular.
   - nothing else to do.

3. Which of your friends is it hardest to say no to ?

4. Who is in control of you when you cannot say no?

Activity - 2 : Practice the peer pressure reversal techniques

The same role play will continue but Peer Pressure Reversal Techniques will be practiced. Distribute 10 cards to 10 individuals on each of which is written one of the following peer pressure reversal responses.

1. Just say no.
2. Leave.
3. Ignore
4. Make an excuse.
5. Change the subject.
6. Make a joke.
7. Act shocked.
8. Flattery.
9. A better idea.
10. Return the challenge.

Each individual will come into the group one at a time and play the role of the individual under pressure. Instead of getting pressurized the peer pressure reversal response will be used. After which the group tries to identify the response.

These responses are written on the board one by one and then reinforced.

The students must realize that the responses are highly effective but their effect depends upon the way it is delivered. They must look and sound confident and in control.

Appendix 7

Understanding Advertisements

Mass media is an integral part of our lives, it informs, it entertains, it influences. We will take up this area of advertising. It has entered every aspect of our lives.

- . What are these advertisements doing?
- Whom are they directed at?
- What is the impact and influence on our youth?
- We, and the youth we teach, need to answer these questions and probably look for alternatives.

Here is an example of an activity that can be conducted by a teacher.

Activity : Targeting Youth

Aim : To study the techniques in advertisements that are directed at youth to promote the sale of alcohol.

Materials : Sample T.V. advertisements of alcohol companies.

Procedure : Play the advertisements on T.V. Ask the following questions:

1. What common qualities do you see in these advertisements? List them?
2. Why do you think these qualities are highlighted?
3. Would you buy this product? Why?

The advertisements presented are visually attractive (only handsome men and beautiful women are used), happy, brimming with life. This is to get youth to buy the products. Other qualities shown are:

- Excitement: Never a dull moment, full of movement and excitement.
- Emotion: 'I can be like that', 'I can feel like that'.
- A perfect world.
- Models from the world of films/modelling.

These are stereo types. The advertisements don't show the misery, the hangover, the ill effects of alcohol use. The teacher and students discuss these issues.

Appendix 8

Addresses for advice, help and information in Bangalore

1. Anjaneya Medical Mission &
   Aum Research Division,
   17 KM, Off Tumkur Road,
   (Near Arkavati Ceramic Products)
   Oderahalli,
   Bangalore North Taluk.

2. Alcoholics Anonymous,
   P.O. Box No. 5438, GPO,
   Bangalore - 560 001.

3. Bosco Yuvadaya,
   91, B Street, 6th Cross, Gandhinagar,
   Bangalore.

4. CAIM,
   12 KM, Bannerghatta Road,
   Hulimavu Village,
   Bangalore - 560 076.

5. CREST,
   71, North Road,
   St. Thomas Town,
   Bangalore - 560 084.

6. Deaddiction Unit,
   NIMHANS,
   Hosur Road,
   Bangalore.

7. Divyashree,
   Deaddiction centre,
   No. 744, 15th Cross, VI Phase,
   J.P. Nagar,
   Bangalore.

8. Freedom Foundation,
   9/13, Karamchand Layout,
   Lingarajapuram,
   Bangalore.

9. HOPE,
   Claretian Seminary
   28/12, 18th Cross Road,
   Malleswaram.West,
   Bangalore - 560 055.

10. Serenity Counselling Centre,
    Cox town,
    Bangalore - 560 005.

11. SPARSHA,
    290, 37 B Cross,
    26th Main, 9th Block,
    Jayanagar,
    Bangalore - 560 069.

12. St. John's Medical College Hospital,
    Department of Psychiatry,
    Bangalore.

13. TRADA
    Deaddiction and Counselling Centre,
    Carmelaram P.O.
    Carmelaram
    Bangalore - 560 035.

The International Federation of Catholic Universities (IFCU), through its Centre for Coordination of Research, has promoted international and interdisciplinary research projects in diverse areas of human sciences. It promotes the scientific and social expertise of universities for effecting social change.

The International Group for Research on Drug Abuse (GRITO), demonstrates the response made by the universities to the challenges posed by drug abuse. It has brought into action the scientific, social and cultural resources of higher education and has generated scientifically guided preventive strategies that accommodate themselves to the local cultures.